Application or Docke: Number

		Effe		tober 1, 20		HON REC	Onl		7	9 5	5	-0i	69P
		CLAIMS		D - PART		olumn 21		SMALL	ENTITY		OF.	OTH	ER THAI
	TOTAL CLAIN	<b>MS</b>				-		RATE	E   FE	<del></del>	UP.	RATE	
F	OR		NUMB	NUMBER FILED		NUMBER EXTRA		BASIC F		$\dashv$	0.5	BASIC F	<del> </del>
7	OTAL CHARG	18	15 minus 20=		• .				$\dashv$	OR		10	
	IDEPENDENT	CLAIMS .	7		*			XS 9:	=	[i	OR	X\$18:	
-		ENDENT CLAIM		minus 3 =				X43=		_]	OR	X86=	
L			] .	-145=			OR	-290=	29				
* If the difference in column 1 is less than zero, enter						column 2	L	TOTAL	_		DR DR	TOTAL	173/
		CLAIMS AS	AMENDE	ED - PART	- 11				<u> </u>	`	,,,		R THAN
_	1	(Column 1) (Column 2) (Column CLAIMS ) HIGHEST						SMAL	ALL ENTITY		R		ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI TIONA FEE			RATE	ADDI TIONA FEE
NON	Total	*	Minus	**		=		XS 9=			R	XS18=	
ME	Independent	*	Minus	***		=		X43= ·	1-	1	-	X86=	1
_	FIRST PRES	ENTATION OF M	IULTIPLE DI	EPENDENT (	CLAIN		$\vdash$		1	10	$^{H}$		
		•				Ì		+145=		01	٦L	+290=	
				. •			AD	TOTAL DIT. FEE		O	7. AC	TOTAL DDIT. FEE	Ŀ <u> </u>
MENDMENT B		(Column 1) CLAIMS	<del>T</del>	(Column		(Column 3)			·	_			
		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	SLY	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE			RATE	ADDI- TIONAL FEE
	Total	*	Minus	and "		=	5	(\$ 9=		OF	$\int$	X\$18=	
- 1	Inoependent	•	Minus	***		=	<b>\</b>	(43=		1	-	X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OF	` -	X00=	
				•	+	145=		OR	Ŀ	290=			
							ADD	TOTAL IT. FEE		OR	AD	TOTAL DIT. FEE	
_		(Column 1) CLAIMS		(Column		(Column 3)							
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		F	RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X	5 9=			X	\$18=	
	ndependent		Minus	***		=	$\vdash$	—-∤-		OR	_		
1	IRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT CL	MIA		^·	43=		OR	尸	(86=	
16 4	he entor w sale:-						+1	45=		OR	+:	290=	
- 11 1	ine "Highest Nurr	nn 1 is less than the nber Previously Pak	1 For IN THIS	S SPACE is low	e than	20, eater .50 .		OTAL I. FEE		OR	Ann	TOTAL	
Tr	ie "Highest Numt	nber Previously Paid per Previously Paid	For (Total or	SPACE is les Independent) i	s than s the h	3, enter "3." ighest number fo			opriate box				